



Trousdale County Schools Request for School Trip

(To be submitted to principal at least ten (10) days prior to the occurrence of trip)

School: TCES JSMS TCHS Other: _____
(Please specify)

Transportation Requested: Bus Van Car None
(Please indicate # of vehicles needed in boxes provided)

Destination: _____

Address: _____

Date(s) of Event: _____

Approximate Mileage: _____ (round trip) Student Fee: \$ _____

Group Attending: _____ Approximate #: _____

Teacher(s) in Charge: _____

Departure Time: _____ Return Time: _____

How will students benefit from this trip? _____

Lunch details: _____

Parents or Chaperones: _____

Non-participating students or classes will _____

For Central Office Use Only

Principal's Signature

Date

Director's Signature

Date

Transportation Director's Signature

Date

Assigned Bus Driver(s): _____